

FORM COR-C/OH

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

2009 FEB -9 PM 12:51

<b>1</b> ACCOUNT #		<b>2</b> Total pages filed:		<b>OFFICE USE ONLY</b>					
<b>3</b> CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received				
Mr. . . . .		NICKNAME	Robert	LAST					
			Yanez	SUFFIX					
<b>4</b> ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) _____			Date Hand-delivered or Date Postmarked  <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Legal</td> <td>Totals</td> </tr> </table>	Receipt #	Amount	Legal	Totals
Receipt #	Amount								
Legal	Totals								
<b>5</b> ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year		
10 / 03 / 08		THROUGH	12	31	08				
		Date Processed			Date Imaged				

**6** EXPLANATION OF CORRECTION

I have filed the UC report and need to file the Candidate/Officeholder Campaign Finance Report

**7** AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*[Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Robert Yanez this the 9th day of February

20 09 to certify which, witness my hand and seal of office.

*Melinda Uriegas*

Signature of officer administering oath

Melinda Uriegas

Printed name of officer administering oath

Notary

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2009 FEB -9 PM 12:51

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
	Mr.	Robert		Date Received	
		Yanez			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	13903 Braje forest San Antonio Tx 78217				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(210)	381-3241			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	NICKNAME	LAST	SUFFIX	Amount	
	Mr.	Paul	J	Date Processed	
		Trevino		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	12711 Middle Ln San Antonio Tx, 78217				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(210)	590-7731			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month
	10	03	08		12
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	05	09	09		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
				Councilman district 10	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

COVER SHEET PG 2

RECEIVED  
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15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

2009 FEB -9 PM 12:51

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 10.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

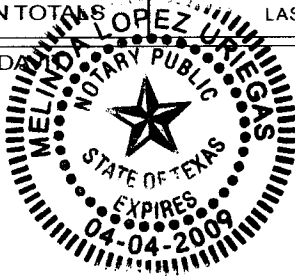
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Ganez, this the 9th day of February, 20 09, to certify which, witness my hand and seal of office.

*Melinda Uriegas*

*Melinda Uriegas*

*Notary*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath